MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-012610
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3629

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2741 Hanley Road
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Edward; Middle; Last Ebmeyer

4. DATE OF DEATH: Month 4; Day 3; Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 7/26/85

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Shoemarker

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Ebmeyer

13b. MOTHER'S MAIDEN NAME: Mary Zentgraf

14. NAME OF HUSBAND OR WIFE: Late: Alma June Ebmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Clara Marek
Address: 4665 Greer 15

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Small intestinal obstruction
INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 570.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m.; Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION; COUNTY; STATE

21. I attended the deceased from Jan-62, to April 3, 1962 and last saw her/him alive on April 3, 1962
Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert J. Korsh, M.D.

22b. ADDRESS: 2427 Woodson, St. Louis Mo

22c. DATE SIGNED: 4/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4/7/62

23c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery

23d. LOCATION (City, town, or county): St. Louis County (State): Mo.

24. FUNERAL DIRECTOR: Calvin F. Feutz Fnrl. Home
ADDRESS: 4828 Natural Bridge

25. DATE RECD. BY LOCAL REG.: APR 5 1962

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

Dr. Robert S. Karsh
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~ Ha 7-2424
Pa 5-6865
Jewish Hosp 10:30 Fo 7-8080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2-5-

or by _____, Student Embalmer No. _____ 3-5-

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.